Please type a plus sign (+) inside this box $\rightarrow X$

Picose type a plus sign (+) inside this box

X

Approved for use through 9/30/98, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & contains a valid OMB control number. Attorney Docket Number **DECLARATION FOR** First Named Inventor HENNING VON SPRECKELSEN **UTILITY OR DESIGN** COMPLETE IF KNOWN PATENT APPLICATION Application Number Filing Date Declaration OR Declaration Group Art Unit Submitted Submitted after with Initial Filing Initial Filing

Examiner Name

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
CAP CLOSUE			3			
the specification of which is attached hereto OR was filed on (MM/DE		(Tible of the		ited States Applic	ation Number or PCT Int	emational
		understand the contents of the		ification, including		
below and have also identif	ied below, by	ler Title 35 United States Co ational application which des checking the box, any forei of the application on which p	Myrialed at least one o			
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYY)	Priority Not Claimed	Certifled Copy A YES	ttached?
PCT/GB99/01094 9811308.7	GREAT	' BRITAIN	11/13/1998 05/26/1998	ممممم	00000	
		re listed on a supplemental p			· · •	
Application Numbers	ter Title 35, U	nited States Code § 119(e) of	any United States pro	visional application	on(s) listed below.	
Shuranon ianubel(Filing Date (MM/I	ספתייין	numbe supple	nal provisional appliers are listed of mental priority and hereto.	cation in a sheet

[Page 1 of 5]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commissioner of Patents and Trademarks, Washington, DC 20231.

PTO/SB/01 (8-96) Approved for use through 9/30/98. OM8 0651-0032

Please type a plus sign (+) inside this box ->

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, fisted below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

		Account of the manufacturing date	or and approadon.
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
_			
		1	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Hancock, Earl C. Sirr, Francis A. Kelly, Robert Kinnear, Brian	19,472 17,265 33,922 43,717		

Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to: Name Holland & Hart LLP 555 Seventeenth Street **Address Address** P.O. Box 8749 80201-8749 Denver CO ZΡ City State Telephone Country USA 303-473-2708 Fax 303-473-2720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful faise statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon

Name of	Sole or First Inventor:	<u> </u>	d for this u	nsigned invent	or		
Given Name	HENNING-	Middle Initial	Family Name	VON SPRECKEL	SEN	Suffix e.g. Jr.	
Inventor's Signature	Henning	von Spre	cke	lı e	Date	13 HeV	enhu
Residence:	SURREY	State	Country	ENGLAND		Citizenship	GERMAN
							

Post Office Address LITTLE GAWTON, HORSELL VALE, WOKING Post Office Address

City Zlp Country SURREY State GU21 40U **ENGLAND**

Additional inventors are being named on supplemental sheet(s) attached hereto





لاهر

Post Office	Address	23 SUMM	ERLANL	JS AV	ENU)E			·	·					1
	ONDON		State	1	Zīp	wз	6EW	Country	ENG	LAND		_			1
Given	Addition	al Joint Inv	entor, if a	Midd		1	Family	petition has I	been filed t	for this w	rsigned	inver	sum	- 1	7
Inventor's Signature				Initial			Name	<u> </u>		Date			lea.	îr .	1
Residence: City	1			:	itate		Country		· · · · · ·	<u></u>	<u> </u>		sala		1
Post Office A	ddress														1
Post Office A	ddress									-					1
City			State	1	Zip			Country							1.
Given	Addition	al Joint Inve	entor, if a		ddle			ention has t	een filed f	or this un	signed	inven		· · · · · · · · · · · · · · · · · · ·	1
Name	 .				tiai	<u> </u>	Name	<u> </u>		1			Suffix e.g. Jr		4
Inventor's Signature										Date					
				2	tate		Country			1		Citizer	nship	· · · · · · · · ·	1
Residence: City															1
Residence:	idress	· · · · · · · · · · · · · · · · · · ·													1
Residence: City												-			1
Residence: City Post Office Ad			State		Zp			Country			 -				
Residence: City Post Office Ad Post Office Ad City	Idress	Joint Inver			Ζp		Па	Country	een filed f	or this ur	Super	inven	tor		
Residence: City Post Office Ad Post Office Ad City Name of A	Idress	Joint Inven		ıy:	Zip			Country Detition has b	een filed f	or this ur	signed	inven		······································	
Residence: City Post Office Ad Post Office Ad City Name of A	Idress	Joint Inver		iy:	士		Family Name		een filed f	or this ur	signed	inven	Suffix		
Residence: City Post Office Ad Post Office Ad City Name of A	Idress	Jaint Inven		iy:	iddle		Family		een filed f		isigned	inven			
Residence: City Post Office Ad Post Office Ad City Name of A Given Name	Idress	Joint Inver		iy:	iddle idai		Family		een filed f	or this ur Date	signed	inven	Suffix		

		_	_
Please type a	plus sign (+) inside this box	→	

PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

PRIORITY DATA (Supplemental Sheet)

								ر
Additional foreign applic	ations:			· · · ·				_
Prior Foreign Application Number(s)		Country		Filing Date	Priority Not Claimed	Certified Cop	y Attached? NO	
	,				000000000000000	0000000000000000	000000000000000	
Additional provisional a	pplications	:						
Applic	ation Nun	nber			Filing Date	(MM/DD/YYYY)		
Additional U.S. application	ons:							
U.S. Parent Applicati Number	ion	PCT Parent Number	:	Parent Filing Date (MM/DD/YYYY)		Parent Pate (if appli		

T /	ant's Guide – Volume II – National Chapter – U	

·	•	
Please type a plus sign (+) inside this box →	PTC/SB/01 (8-96) Approved for use through 9/30/98. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE	
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a c	collection of information unless it contains a valid OMB control number.	
Charles and the second of the	REGISTERED PRACTITIONER	
DECLARATION	INFORMATION	

(Supplemental Sheet) Name Registration Number Registration Number Name